

EXHIBIT “B”

DWC-45

DWC045



Texas Department of Insurance
Division of Workers' Compensation
 7551 Metro Center Drive, Suite 100 • MS-94
 Austin, TX 78744-1645
 (800) 252-7031 phone • (512) 804-4378 fax

Complete if known:

DWC Claim # 10324483

Carrier Claim # 949-040545

Send completed form to TDI-DWC field office handling the claim

Request to Schedule, Reschedule, or Cancel a Benefit Review Conference (BRC)

Type (or print in black ink) each item on this form

I. REQUEST SPECIFICATIONS

1. Check ONLY one box to indicate the purpose of your request: ☒ Schedule a BRC ☐ Reschedule a BRC ☐ Cancel a BRC

2. Check applicable box(es) for services you are requesting:

☐ Special Accommodations (Please specify) _____

☐ Expedited BRC (Provide reason) _____

II. INJURED EMPLOYEE CLAIM INFORMATION

3. Employee's Name (Last, First, Middle) Trahan, Buddy		4. Employee's Physical Address 6601 Dunlap Apt. 2006, Houston, TX 77074	
5. Insurance Carrier's Name Liberty Mutual		6. Date of Injury (mm-dd-yyyy) 04-20-2010	7. Employee's SSN XXX-XX-4806
8. Employer's Business Name (at the time of the injury) Trans Ocean		9. Employer's Business Address 1311 Broadfield, Houston, TX 77084	

III. PARTY REQUESTING TO SCHEDULE, RESCHEDULE OR CANCEL A BENEFIT REVIEW CONFERENCE

10. Check the appropriate box: <input type="checkbox"/> Injured Employee <input type="checkbox"/> Insurance Carrier <input type="checkbox"/> Employer <input type="checkbox"/> Sub-claimant <input type="checkbox"/> Beneficiary <input checked="" type="checkbox"/> Attorney for Liberty Mutual		
11. Is the injured employee assisted by the Office of the Injured Employee Counsel (OIEC)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
12. Requester's Typed or Printed Name Robert F. Josey	13. Requester's Mailing Address (Street or PO Box, City State Zip) 211 E. 7th St, Ste. 600, Austin, TX 78701	
14. Business/Firm Name (if applicable) Hanna & Plaut, L.L.P.	15. Phone Number (512) 472-7700	16. Alternate Phone Number (512) 992-8599

Request to SCHEDULE a Benefit Review Conference (Complete ONLY if IV)

IV. ISSUE(S) TO BE MEDIATED AT THE BENEFIT REVIEW CONFERENCE

17. Check applicable box(es) to identify the disputed issue(s): <input type="checkbox"/> Compensability of the claim* <input type="checkbox"/> Designated doctor's certification of maximum medical improvement <input type="checkbox"/> Extent of the compensable injury <input type="checkbox"/> Designated doctor's assessment of whole body impairment rating <input type="checkbox"/> Entitlement to temporary income benefits <input type="checkbox"/> Entitlement to death benefits and/or burial benefits <input type="checkbox"/> Entitlement to supplemental income benefits <input type="checkbox"/> Failure of carrier or employer to provide employee required network information <input type="checkbox"/> Average weekly wage determination <input checked="" type="checkbox"/> Other _____	
*An employer may check this box only if the insurance carrier has accepted liability.	
18. Briefly describe each disputed issue (additional pages may be attached, if necessary). The injured worker received a third-party settlement. Pursuant to Tex. Lab. Code §417.002, Carrier has a right to reimbursement for past benefits paid as well as a credit against future benefits, including medical benefits. Claimant disagrees. Carrier requests this BRC to determine if its claims for reimbursement of past benefits paid and a future credit are valid.	For TDI-DWC Use Only



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V. DOCUMENTATION OF YOUR EFFORTS TO RESOLVE THE ISSUE(S)

19. Provide the date the opposing party was notified of the disputed issues (mm-dd-yyyy):

20. Attach the following to this form:

- a description of all efforts you have made to resolve the disputed issue(s)
- supporting documentation

NOTE: If this information is not provided, a BRC may not be scheduled.

21. I certify that prior to this request I have made reasonable efforts to resolve the disputed issue(s) identified in Section IV above and that any pertinent information in my possession has been provided to the opposing party or parties. I certify that all the information provided on this form is true and correct. I certify that I will provide a copy of this request to the opposing party or parties.

Signature of Requester _____

Date October 2, 2013

Request to RESCHEDULE or CANCEL a Benefit Review Conference (complete Section V)

VI. DOCUMENTATION OF GOOD CAUSE FOR RESCHEDULING OR CANCELING A BENEFIT REVIEW CONFERENCE

22. Check ONE box below to indicate the description applicable to your request:

- ☐ Cancel PRIOR to BRC (Complete 23 and 26)
- ☐ Reschedule PRIOR to BRC (Complete 23, 25, and 26)
- ☐ Reschedule AFTER failing to attend BRC (Complete 24, 25, and 26)

23. If you are requesting to reschedule or cancel a BRC and the date you are submitting this form is more than 10 days after the date* you received the notice of setting but before the BRC is scheduled to be held, attach the indicated information and any supporting documentation to this form:

- a) a description of objective facts beyond your control, which reasonably:
- prevent you from attending the BRC; or
 - prevent the BRC from accomplishing its purpose (This may include a description of your need for a reasonable amount of additional time to secure necessary evidence for the dispute); OR
- b) a description of objective facts which make the BRC unnecessary.

* The date the notice of setting is received is deemed to be the 5th day after the date of the notice.

NOTE: If this information is not provided, the BRC may not be rescheduled or canceled. Canceling a BRC without simultaneously rescheduling is considered a withdrawal of the dispute on the issue and must comply with TDI-DWC rule 130.12, if applicable.

If you did not submit the initial request for the BRC that you are requesting to reschedule or cancel, have you obtained the agreement of the opposing party to the rescheduling or cancellation of the BRC? ☐ Yes ☐ No

24. If you are requesting to reschedule after failing to attend a BRC, you must attach a description of objective facts beyond your control, which reasonably prevented you from attending the BRC and from notifying TDI-DWC to cancel or reschedule in advance of the BRC;

If you do not submit the request by close of business on the third business day after the BRC was held, you must also attach a description of objective facts beyond your control, which reasonably prevented you from doing so and which justify the subsequent delay in filing the request.

Attach any supporting documentation.

NOTE: If this information is not provided, the BRC may not be rescheduled.

25. Check the appropriate box below:

- ☐ The information provided in the initial request for this BRC has not changed.
- ☐ Information provided in the initial request for this BRC has changed.
(If this box is checked, you must complete Sections IV and V of this form.)

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Only

26. I certify that I will provide a copy of this request to the opposing party or parties.

Signature of Requester _____

Date _____

NOTE: With few exceptions, upon your request, you are entitled to be informed about the information TDI-DWC collects about you; receive and review the information (Government Code, §§552.021 and 552.023); and have TDI-DWC correct information that is incorrect (Government Code, §559.004).

Attachment "A"

On September 23, 2013, David Plaut from my office spoke to Claimant's counsel, Lance Lubel, regarding the existence of a credit due to the Claimant's third-party settlement recovery. Attorney Lubel contends Liberty Mutual has waived its credit and is not entitled to any credit. Parties were unable to resolve this issue and Carrier requests this BRC so that the Division might determine if the credit exists and, if so, is applicable to this claim.